STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969028	R **03/14/2017**
NAME OF PROVIDER OR SUPPLIER **ZON BEACHSIDE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1894 S PATRICK DR** **INDIAN HARBOR BEACH, FL 32937**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

The revisit to Initial Extended Congregate Care survey was conducted on 3/14/2017. Zon Beachside LLC. Assisted Living Facility, (License# 12873) had no deficiencies at the time of the visit.